

INF1343/4 – Guidance for completion of Molecular Diagnostics Request Form FRM4674



Blood and Transplant

Copy No:

Effective date: 10/07/2024

As a minimum, **three points** of **matching identification** (full name, DOB and unique identifier (hospital number / NHS number) **must** be included on both the samples and the accompanying form. The samples **must** be **signed** and **dated** by the person taking the blood. Please see User Guide (INF1135) for full details

Please note the request form is electronically editable

MOLECULAR DIAGNOSTICS Request for fetal blood group genotyping from maternal blood

Please use block capitals and complete all sections. Please see page 2 for sample and transport requirements

Patient Details (essential details *)		Maternal Antibodies	
Surname *		Present	Level
First name *		Anti-D	
Date of birth *		Anti-C (big C)	
Hospital number *		Anti-E	
NHS number		Anti-c (little c)	
Hospital sample ID *		Anti-K	
Sample date *		Diagnosis and Clinical History	
Gestation / EDD *			
Multiple pregnancy *	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Ethnic origin of patient			
Blood group of patient			
Ethnic origin of partner			
Blood group of partner			
Known risk of infection?	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Test Required		Sample Sent	
RhD (from 16 weeks gestation)		16ml maternal EDTA blood (per test requested)	
RhC (from 16 weeks gestation)		3ml EDTA blood partner - RhD request only (Optional)	
RhE (from 16 weeks gestation)		Ship at ambient temperature, to arrive within 48 hours for K typing, other tests within 72 hours of venepuncture	
Rhc (from 16 weeks gestation)			
K (Kell) (from 20 weeks gestation)		Frozen maternal plasma on dry ice (see INF1221)	
Requester Details (destination for report) *DO NOT USE ABBREVIATIONS / ACRONYMS			
Full hospital name*		Name of Requester (for the report)	
Department		Sender telephone number / email (For NHSBT contact purposes only)	
Address		Send invoice to: (This must be provided by non-UK customers)	
Postcode			
Tel			
Fax			
Email (For NHSBT contact purposes only)			
Consent			
It is the responsibility of the requester submitting a sample, to ensure informed consent has been obtained for all tests, including genetic tests in accordance with current guidance and legislation. Unless written notice is received, consent for both investigations and the use of any surplus sample in scheduled purposes (quality control, staff development or ethics committee approved research) will be assumed. By signing and submitting this Referral Form to NHSBT the Purchaser is acknowledging that the NHSBT Terms and Conditions apply to this Referral. Where the contracting party has a Service Level Agreement with NHSBT which includes the provision of Molecular Diagnostics services then the Service Level Agreement shall take precedence, and all provisions of that Agreement and subsequent amendments will apply in full.			
(1) NHS Blood and Transplant a Special Health Authority established under SI 2005 No 2529 of 500 North Bristol Park, Filton (NHSBT); and (2) General Medical Council (GMC) (The GMC)			
Requester Signature:		Date:	
NHSBT USE ONLY			
Hematos Barcode		Number of samples received:	
		Date received:	
		Sample ID:	

Essential details are highlighted with an * - please ensure these "essential detail" sections have been completed

Tick here to show which test / tests you would like us to perform.

Please include requester's address including department, postcode and telephone number. Do not use acronyms as they may be interpreted incorrectly.

This is where the report will be sent.

International Users: please include international dialling code for telephone number.

Tick box to show the antibodies that have been identified in the patient. The antibody level can also be included if available.

Include diagnosis and clinical history if available

This is the sample volume required per test. If more than one test is requested, please send additional samples.

A paternal blood sample is NOT essential. A sample will be requested retrospectively if required.

Samples referred from outside UK can be sent as frozen plasma aliquots. Refer to the User Guide INF1135 for full details

Please include the sender details here if different to the requester.

Non-NHS England requesters **MUST** sign and date the referral form to show acknowledgement of NHSBT Terms and Conditions